

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90199 016 ****61.25

0069906

DOCUMENT # 767650
1. Entity Name
CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**35 CARL BRANDT DR.
P.O. BOX 1136
SHALIMAR FL 32579**

Mailing Address
**35 CARL BRANDT DR.
P.O. BOX 1136
SHALIMAR FL 32579**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2901841** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALFORD, WADE H
223 OXFORD COURT
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	ALMOND, GLENN C	
STREET ADDRESS	333 BEAL PARKWAY	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALFORD, WADE H	
STREET ADDRESS	223 OXFORD COURT	
CITY-ST-ZIP	MARY ESTHER FL 32567	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, RAYMOND E	
STREET ADDRESS	35 CARL BRANDT DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alford, Wade H	
STREET ADDRESS	223 Oxford Court	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Raymond E.	
STREET ADDRESS	35 Carl Brandt Dr.	
CITY-ST-ZIP	Shalimar FL 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *Raymond E. Wilson* **4/30/3** **850-651-3287**

CR2E037 (10/02)